



**CHILD CARE AND DEVELOPMENT FUND PLAN  
FOR: MAINE  
FFY 2010-2011**

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

---

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**[Form ACF 118 Approved OMB Number: 0970-0114 expires 04/30/2012]**

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

---

## TABLE OF CONTENTS

### AMENDMENTS LOG

#### PART 1 ADMINISTRATION

- 1.1 Lead Agency Information
- 1.2 State/Territory Child Care (CCDF) Contact Information
- 1.3 Estimated Funding
- 1.4 Estimated Administration Cost
- 1.5 Administration of the Program
- 1.6 Funds Used to Match CCDF
- 1.7 Improper Payments

#### PART 2 DEVELOPING THE CHILD CARE PROGRAM

- 2.1 Consultation and Coordination
- 2.2 Public Hearing Process
- 2.3 Public-Private Partnerships

#### PART 3 CHILD CARE SERVICES OFFERED

- 3.1 Description of Child Care Services
- 3.2 Payment Rates for the Provision of Child Care
- 3.3 Eligibility Criteria for Child Care
- 3.4 Priorities for Serving Children and Families
- 3.5 Sliding Fee Scale for Child Care Services

#### PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

- 4.1 Application Process / Parental Choice
- 4.2 Records of Parental Complaints
- 4.3 Unlimited Access to Children in Child Care Settings
- 4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

#### PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

- 5.1 Quality Targeted Funds and Set-Asides
- 5.2 Early Learning Guidelines and Professional Development Plans

#### PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(50 States & District of Columbia only)

- 6.1 Health and Safety Requirements for Center-Based Providers
- 6.2 Health and Safety Requirements for Group Home Child Care Providers
- 6.3 Health and Safety Requirements for Family Child Care Providers
- 6.4 Health and Safety Requirements for In-Home Child Care Providers
- 6.5 Exemptions to Health and Safety Requirements
- 6.6 Enforcement of Health and Safety Requirements
- 6.7 Exemptions from Immunization Requirements

PART 7 HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

- 7.1 Health and Safety Requirements for Center-Based Providers in the Territories
- 7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories
- 7.3 Health and Safety Requirements for Family Child Care Providers in the Territories
- 7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories
- 7.5 Exemptions to Territorial Health and Safety Requirements
- 7.6 Enforcement of Territorial Health and Safety Requirements
- 7.7 Exemptions from Territorial Immunization Requirements

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

APPENDIX 2 -- ELIGIBILITY AND PRIORITY TERMINOLOGY

APPENDIX 3 -- ADDITIONAL CERTIFICATIONS

REQUIRED ATTACHMENTS

## AMENDMENTS LOG

**CHILD CARE AND DEVELOPMENT FUND PLAN FOR: MAINE**  
**FOR THE PERIOD: 10/1/09 – 9/30/11**

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

**Instructions for Amendments:**

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

**Note:** This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

## PART 1 ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: Maine Department of Health and Human Services  
Address of Lead Agency: State House Station #11, 221 State Street, Augusta, ME 04333  
Name and Title of the Lead Agency's Chief Executive Officer: Brenda Harvey  
Phone Number: 207-287-4223  
Fax Number: 207-287-3005  
E-Mail Address: Brenda.harvey@maine.gov  
Web Address for Lead Agency (if any): [www.maine.gov/dhhs](http://www.maine.gov/dhhs)

### **1.2 State/Territory Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State Child Care Contact (CCDF): Patti Woolley  
Title of State Child Care Contact: Early Childhood Division Director  
Address: State House Station #11, 2 Anthony Avenue, Augusta ME 04333  
Phone Number: 207-624-7901  
Fax Number: 207-287-6156  
E-Mail Address: patti.woolley@maine.gov  
Phone Number for child care subsidy program information (for the public) (if any): 207-624-7999  
Web Address for child care subsidy program information (for the public) (if any): [www.maine.gov/dhhs/ocfs/ec/occhs/](http://www.maine.gov/dhhs/ocfs/ec/occhs/)

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$22,992,609\*including ARRA  
Federal TANF Transfer to CCDF: \$0  
Direct Federal TANF Spending on Child Care: \$ 24,916,487  
State CCDF Maintenance of Effort Funds: \$1,749,818  
State Matching Funds: \$3,352,130  
Total Funds Available: \$53,011,044

**1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$979,330 (5 %). (658E(c) (3), §§98.13(a), 98.52)

**1.5 Administration of the Program**

**1.5.1** Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

**Table 1.5.1: Administration of the Program**

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) Non-TANF families	Eligibility for vouchers completed at DHHS office Eligibility for contracted child care slots completed at non-governmental community agencies	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Assists parents in locating care	Child Care Resource and Referral Service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Makes the provider payment	DHHS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Quality activities	Other - University and Child Care Resource and Referral Service	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

**1.5.2. Describe** how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

The Department of Health and Human Services contracts with community-based, organizations to provide child care services, provide resource and referral services, coordinate child care provider training activities, or otherwise support the quality of child care in the state. Contracts and awards to these agencies are governed by the policies as promulgated in the **Department of Human Services' Purchase of Services Policy Manual and the DHHS Child Care Subsidy Rules –Child Care Development Fund..** These manuals include provisions on financial and administrative management, service policies, and income eligibility determination. Furthermore, as required by state law, contract agencies meet performance indicators.

Agreement administrators monitor all contracts for financial compliance. This monitoring includes quarterly reporting. A web-based reporting system collects the details of the children receiving a subsidy. A site visit to review performance indicators and client records, if applicable, is completed. Program staff will monitor for specific performance requirements including the performance indicators as outlined in the contracts or agreements.

All services are scheduled for renewal through a competitive bid process every seven years. A calendar is developed noting the dates a request for proposal (RFP) will be available for specific programs. In addition, any new funds are awarded on a competitive basis as required by state law.

The State Child Care Administrator and other staff meet periodically with grantees, various associations, councils, and advisory groups to evaluate the delivery of services. The Administrator and staff will solicit recommendations from these groups on how to improve services and implement modifications and/or improvements as deemed necessary. Parent and Provider Surveys are conducted to evaluate the work of the Child Care Resource and Referral Agencies and the CCDF Voucher Management Program.

Eligibility for non-TANF families is determined by the DHHS Voucher Management program and the contracted child care agencies around the state. These contracted agencies are non-governmental community agencies and/or child care providers.

The State and Regional TANF Offices, which are part of the Maine Department of Health and Human Services, determine eligibility of TANF families.

Resource and referral services are provided through contract with the 8 Child Care Resource and Referral Service agencies (Maine Resource Development Centers). These agencies are selected through a Request for Proposal process.

The Department of Health and Human Services provides direct payments to providers or parents for clients receiving TANF child care subsidy. DHHS voucher payments are made to providers. DHHS pays the contracted agencies providing direct child care services through a contract. The CCDF Voucher Management make payments to providers as outlined in the **DHHS Child Care Subsidy Rules- Child Care and Development Fund Section 8.06**

**1.5.3. Describe** how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

- a) Fiscal Reporting - The DHHS Fiscal Service Center has increased the number of staff in the past two years. These additional staff have increased the on-going review of CCDF expenditures and completion of the ACF 696 in a timely manner.
- b) Data Reporting – The Maine Automated Child Care Subsidy System is a web-based reporting system. The DHHS Voucher Managers and the contracted child care slots agencies enter the required data on families receiving subsidy and the payments made. The DHHS Office of Technology reviews the data and formats it for electronic submission to ACF.
- C) Error Rate Reporting - An ACCESS data base has been used for review of files to determine errors in the eligibility and payment process. An on-site review of eligibility files is done. This data base is being re-designed to meet the needs of the ACF Improper Payments Reporting Guidelines which Maine will begin reporting in Spring, 2010.

## **1.6 Funds Used to Match CCDF**

**1.6.1** Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: Tobacco Settlement funds to support State MOE and Matching fund requirements (Funds for a Healthy Maine)

**1.6.2** Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State? These funds are generated from the Tobacco Settlement. The Fund for a Healthy Maine is an account within the State of Maine's Department of Administrative and Financial Services, 78 State House Station, Augusta, ME 04333-0078

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated funds?

b) **Provide** information below for each entity:

Name: Fund for a Healthy Maine

Address: Administrative and Financial Services, 78 State House Station, Augusta, ME 04333-0078

Contact: Ryan Low

Type: \_\_\_\_\_

No.

**1.6.3** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

a)  The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (\_\_\_\_ %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

**1.6.4** During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (\_\_\_\_ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

**1.6.5** If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

**1.6.6** Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

## **1.7 Improper Payments**

Has your State implemented any strategies to prevent, measure, identify, reduce, and collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Financial forms for settling out contracts are included in the contract package. Agreement administrators review reports and final payments are adjusted to pay only for services delivered. A web-based reporting system tracks the service provided.

Reviews of all contracted agencies are completed on a regular cycle. All reviewers are trained for consistency of reviewing. Maine is part of the third group of states to implement the ACF Improper Payment System for Reviews. An ACCESS data base has been used for review of files to determine errors in the eligibility and payment process. An on-site review of eligibility files is done. This data base is being re-designed to meet the needs of the ACF Improper Payments Reporting Guidelines which Maine will begin reporting in Fall, 2009

A record of the types of errors made during eligibility determination will be analyzed to determine the policies and procedures that need clarification and where further training is needed.

A system is in place to track all audit findings and the investigations of these findings.

The new **DHHS Child Care Subsidy Policy – Child Care Development Funds** includes a section on defining types of errors, the process for calculating and collecting overpayments and penalties for intentional program violations. A system to identify the total amount of improper payments for the program will be developed this year. The source of the improper payment, the proportion of improper payments from regulated vs. unregulated providers, the proportion of payments that are overpayments and the proportion that are underpayments will be tracked.

The transfer of the voucher management system into a centralized system using a large eligibility determination data base with the capacity to cross-check information reported for other client services such as Medicaid and Food Supplement has reduced the number of clients who are reporting family size and income incorrectly.

This centralized eligibility system will be further adapted to include CCDF vouchers more completely. This system will have the capacity to cross-check with Department of Labor, Social Security, Maine Revenue, Child Support and other large data bases in order to flag possible errors. Payments to providers will be made from the state system. Reports that identify errors will be built into the new software as well as “red flags” to point out possible inconsistencies in the data that may indicate improper payments.

- No. If no, are there plans underway to determine and implement such strategies?
- Yes, and these planned strategies are: \_\_\_\_\_
- No.

## PART 2 DEVELOPING THE CHILD CARE PROGRAM

### 2.1 Consultation and Coordination

**2.1.1** Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

**Indicate** the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

*Coordination* involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

**Table 2.1.1 Consultation and Coordination**

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance):	<input type="checkbox"/>	<input type="checkbox"/>

\* **Required.**

**For each box checked in Table 2.1.1, (a) identify** the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

**Consultation**

- **Local government** – Each quarter a different group of towns and cities in Maine prepares a comprehensive plan. The Maine State Planning Office provides data to these communities as they develop their local comprehensive plans. The State Child Care Administrator’s Office provides data on supply and demand for child care to the Maine State Planning Office. This information is included in the CD of information that is prepared for the communities working on their plan. Supply and demand information helps communities see child care as an important part of their infrastructure. The information is also the catalyst for discussion on the need for more licensed care in Maine.
- The Maine Municipal Association featured a link to the draft State Plan for CCDF Services on their web site.
- A copy of the draft State Plan was sent to **tribal child care programs**. Two tribal child care programs are funded with Maine state CCDF funds. The Tribal child care programs also use the market rate developed by the Lead Agency based on the market rate survey done every two years.
- The Maine Child Care Advisory Council provides input at their monthly meetings. The Maine Child Care Advisory Council is a legislatively created council whose members include representatives of: the Office of Integrated Access and Support, Children’s Behavioral Health Services, the State Child Care Administrator and State Head Start Collaboration Director and child care

licensing of the Department of Health and Human Services; and one representative of the Department of Education. There is one member of the Maine Senate and two from the House of Representatives. Additional members include: two parent representatives; representatives from the Maine Child Care Directors' Association, Maine Family Child Care Association, Maine Resource Development Centers, Maine Head Start Directors Association, and the Maine Afterschool Alliance. There is also representative from the Early Care and Education Career Development Program, the Center for Community Inclusion and a local early intervention program. The Child Care Advisory Council served in an advisory capacity on the use of quality funds.

### **Coordination**

#### **Public Health**

- Efforts are underway to coordinate with Public Health on the development of system of Child Care Health Consultants.
- The Office of Child Care and Head Start was the recipient of the Healthy Child Care America grant when the grants were available. The Office continues to coordinate with a New England group that originated with the Healthy Child Care America funding to provide training for child care health consultants on a regional basis. Training will be offered in all New England states in the fall in collaboration with the State Early Childhood Comprehensive Systems Grant.
- The Immunization Division in the Bureau of Health provides technical assistance as licensing rules are developed and provides print materials to child care resource and referral agencies to distribute to parents.
- The Bureau of Medical Services provides information about the Maine *Dirigo* Health programs to child care providers through presentations at the Child Care Health and Safety Conference and through articles in the Child Care and Head Start newsletter, *Together News*.

#### **Public Education**

- The State Child Care Administrator coordinates with the Department of Education on the following activities: (a) Development of Pre-K program standards (b) development of an EduCare model in Maine, (c) and developing community-based public pre-K programs.
- Coordination with the early intervention program, Child Development Services is done through work on *Expanding Opportunities*, a federal coordination project between USDOE and USDHHS Office of Head Start and the Child Care Bureau to expand inclusion of children with special needs in child care settings. A state child care staff serves on the federally

mandated Maine Council for the Education of Children with Disabilities which has been reviewing the collaboration between early intervention and early care and education.

**Programs that promote inclusion for children with special needs**

- The State Child Care Program has a cooperative agreement with the Center for Community Inclusion at the University of Maine to provide technical assistance and flexible funding to providers caring for children with special needs. Four specialists are available by phone, email or to visit child care programs to assess the needs and provide information that meets the needs of the situation. Funds are available on a limited basis to pay for additional staff or equipment to enable a child with special needs to remain in child care. This project is also coordinated with both special education at the Department of Education and children's behavioral health services at the Department of Health and Human Services. A system of child care behavioral health consultants has been developed in coordination with Children's Behavioral Health. Clinicians are trained to work in early care and education settings. These clinicians consult with both the child care programs and the parents of the children who are experiencing difficulty.

**TANF**

- The CCDF Child Care program and TANF/ASPIRE child care programs are within the Department of Health and Human Services. The ASPIRE program uses the same data collection fields as CCDF. Work is being done to further coordinate the TANF Child Care Subsidy Program and the CCDF Child Care Subsidy Program. The CCDF voucher management will be done in the same data base that is used by the state administrated ASPIRE child care program. Income verification will be streamlined for parents as they will report to one place and bring in the verification of income for both programs at one time.

**Child and Adult Care Food Program**

- Coordination with the Child and Adult Care Food Program resulted in the development of a program that makes the CACFP available to legal unlicensed or family, friend and neighbor care providers. The CACFP is now administered in the same Division as the CCDF funding.

**Head Start Programs**

- Maine has a comprehensive system of Head Start and child care collaboration. Full-day, full-year Head Start programs that meet the needs of working parents are available in most counties. Training systems are designed to meet the needs of both child care providers and Head Start staff. In addition to state funding for Head Start, Maine also funds Head Start programs through the Fund for Healthy Maine (tobacco settlement funds) to provide full-day, full-year early care and education.

**Youth development programs**

- The AfterSchool Network supported by the Office of Child Care and Head Start provides an opportunity for the many after school programs in the state, including the 21<sup>st</sup> Century Community Learning Centers, to meet and coordinate activities. The Network has developed a collaborative plan for improving the quality of these programs including training and assessment.

**2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs.** Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

**a) Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

The Division of Licensing and Regulatory Services within DHHS has licensing procedures in place to ensure that the licensing of a replacement child care facility can be completed within days when a child care facility is damaged or destroyed by a flood or other emergency.

**b) Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

The Division of Licensing and Regulatory Services within DHHS has licensing procedures in place to ensure that the licensing of a replacement child care facility can be completed within days when a child care facility is damaged or destroyed by a flood or other emergency.

c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

The Maine Emergency Management Agency and the Bureau of Health provided technical assistance in the development of the Emergency Management Guide – Y.I.K.E.S. – *Your Inventory for Keeping Everyone Safe* developed and distributed by the Office of Child Care and Head Start. The guide is also available at

<http://www.maine.gov/dhhs/ocfs/publications.shtml>

**Attachment 2.1.2.**

Maine is currently in the process of purchasing *Managing Infectious Diseases in Child Cares and Schools* for each licensed child care program in the state. Planning efforts are still underway regarding the most effective way to distribute the books and share consistent messages related to disease control and its potential impact on closures due to H1N1. The creation of the Child Care Health Consultation Specialist position with ARRA funds will allow for more dedicated leadership on this project.

d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

In Maine, emergency management is coordinated regionally by Emergency Management Agencies (EMAs) in each of our 16 Counties. County Directors are appointed by their respective County Commissioners, and funded in part by County, and in part by federal funds provided through MEMA.

County EMAs provide an link between the almost 500 cities and towns in Maine, and the State. They provide support and leadership in preparedness, response, recovery and mitigation to their local, business and volunteer partners

Every municipality in the State of Maine is required by state law ([Title 37-B MRSA §781](#)) to have a municipal Emergency Management Director. Child care providers are encouraged to inform their local Emergency Management Director of the location of their facility and work with the Director to develop a specific plan for their facility in the event their community is struck by a hazardous materials spill, hurricane, ice storm, forest fire, flood, tornado or other type of disaster event.

**2.1.3 Plan for Early Childhood Program Coordination.** Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**

**a) Describe** the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

- Pre-K standards and guidelines for approval of new public school pre-K programs were completed by an inter-agency task force. Community collaboration between Head Start and pre-K and child care and pre-K programs is expanding.
- A collaboration coach model to support the development of community based public pre-K programs was developed and implemented.
- The Head Start Collaboration Grant continues to support collaboration between child care and Head Start. The guide developed by the Head Start Collaboration Office to inform agencies how to blend funding across Head Start, child care and pre-K program is available at <http://www.maine.gov/dhhs/ocfs/publications.shtml>
- Training is offered across child care, Head Start, early intervention and pre-K programs. The *Expanding Opportunities* project will expand coordination of training and support the development of a statewide training calendar for all programs.
- The Children's Behavioral Health Services Division and the Early Childhood Division are collaborating on the development of a Child Care Mental Health Consultation Project. Clinicians are being trained to work in child care settings and with parents.
- The State Early Childhood Comprehensive Systems Grant Early Childhood Task Force developed an *Invest Early in ME* plan.
- The Early Childhood Task Force has evolved into the Children's Growth Council and is developing a plan for coordination.

- A plan for “one-stop shopping” for child care subsidy along with other public benefits has been developed. Parents will apply for child care at the DHHS Office closest to their home. The eligibility worker for MaineCare, food supplement and other benefits will process the application using the information gathered. Re-determination of benefits will be done at the same time, reducing the number of times parents need to provide verification of income. The implementation date of this plan is set for January 2010.

**b) Indicate** whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The three entities responsible for coordination are the Children’s Cabinet, the Child Care Advisory Council and the Children’s Growth Council. Four programs where coordination is happening are child care (CCDF and TANF), Head Start, early intervention, and public school pre-K in the following activities:

- Early Childhood Learning Guidelines
- Training for professionals
- Collaborative Head Start and pre-K programs in some communities
- Collaborative Pre-K and child care program in two communities
- Collaboration between child care, early intervention and Head Start to serve children with special needs
- Collaboration with Children’s Behavioral Health on creating a system of child care behavioral health consultants
- Full-day, full-year Head Start programs supported by child care funding

**c) Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

- Continued implementation of the early learning guidelines across programs
- Expanded availability of training on the use of the early learning guidelines
- Improved instruction based on the training on the use of the early learning guidelines
- Implementation of specific training on literacy and numeracy funded collaboratively by the Department of Education and the Department of Health and Human Services and private funding.
- Increased awareness of quality of early care and education
- Development of a system of child care behavioral health consultants
- Reduced expulsion of children with special needs from child care programs
- Improved learning outcomes for children

**d) Describe** how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

The Early Childhood Task Force developed the State Comprehensive Systems Grant plan - *Invest Early in ME*. The plan was developed with input gathered from all parts of the early childhood system including Early Care and Education. The goal of the plan to increase and support continued coordination among all early childhood programs.

The Head Start Collaboration Office developed the *Funding Collaboration Guide for Early Care and Education Partnerships in Maine*. This was developed by an Interagency Task Force. This guide will increase community-based pre-K programs that utilize braided funding and meet the needs of parents.

The State Head Start Collaboration Office will develop a strategic plan for increased collaboration with other early childhood support programs based on the outcomes of a statewide survey on the level of coordination or collaboration with agencies that provide oral health, early intervention, services for children without homes, services for children with special needs, child care and others.

## **2.2 Public Hearing Process**

**Describe** the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: 6/4/2009
- b) Manner of notifying the public about the public hearing: Advertisement in *Kennebec Journal*
- c) Date(s) of public hearing(s): 6/24/2009
- d) Hearing site(s): City Hall, Augusta
- e) How the content of the plan was made available to the public in advance of the public hearing(s): Distributed to Maine Child Care Advisory Council, Resource Development Centers, and other agencies with child care contracts. Posted on the web site at <http://www.maine.gov/dhhs/ocfs/ec/occhs/index.shtml>
- f) **Attach** a brief summary of the public comment process as **Attachment 2.2**.

## **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- Yes. If yes, **describe** these activities or planned activities, including the results or expected results.
- The Maine Small Business Development Centers provide business counseling to prospective or current child care providers on developing a business plan and finding funding. The results will be child care programs with an increased opportunity to be financially feasible.

- The Resource Development Centers meet with businesses in their area to inform businesses of the importance of employee benefits that include child care and to provide information on tax credits.
- The Maine Humanities Council, in partnership with the Office of Child Care and Head Start and RSVP (Retired Seniors Volunteers Program), offers a literacy initiative called the Born to Read Program. This program provides books and trained readers to child care providers around the state.
- The Governor’s Business Roundtable is reviewing how business can support programs for early childhood.
- The First Lady worked with Commissioners, the staff of the Children’s Cabinet and others to raise the funds from private philanthropists to build a quality child care facility based on the EduCare model. This facility will serve as a model to providers, legislators, business people and others.

No.

### PART 3 CHILD CARE SERVICES OFFERED

#### **3.1 Description of Child Care Services**

**3.1.1 Certificate Payment System.** **Describe** the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k));
- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))
- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

Maine provides child care subsidy vouchers through a centralized DHHS system. Vouchers are approved payments to caregivers on behalf of parents of children attending child care. A voucher can be used to pay for child care services from:

- a. licensed child care centers;
- b. certified family child care homes;
- c. in-home caregivers;

- d. legal, unlicensed family friend and neighbor caregivers;
- e. non-residential recreational programs for children age 6 and up to 13 years of age that are operated by community-based program that meets staff-to-child ratios and perform criminal history, motor vehicle, and child abuse/neglect background as required of the Department-regulated children's child care facilities;
- f. child care provided by a relative; and
- g. sectarian child care which is licensed as a children's child care facility or a certified child care home.

The parent selects the caregiver. The DHHS Voucher Management Program sends an Award Letter which defines the child care subsidy amount awarded, the parent fee, and the date the subsidy ends. The Award Letter is sent to both the parent and the provider. The parent is assessed a fee based on a sliding fee scale set by the Department. The fee scale is adjusted for family size and family income. The assessed fee is paid directly to the caregiver by the parent.

The DHHS Voucher Management Program pays the balance of the caregiver's rate (up to assessed market rate or private fee, whichever is lower) directly to the caregiver. This payment is known as the voucher payment.

A parent who has been approved for a voucher can select a provider (types listed above). The DHHS Voucher Management Program certifies that the selected provider meets the requirements, develops an agreement with the provider to follow the child care subsidy rules and issues the Award Letter noted above.

The DHHS Voucher Management Program sends out billing forms to providers to collect information on the number of hours each child who is receiving a voucher was in care during the last two time periods. The information from the bill is entered into the computer and a payment is issued to the provider.

Maine provides child care subsidies through voucher and contracted child care slots. The estimated proportion of funding for FY2010:

Contracts - 33%

Vouchers - 67%

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

**Note:** If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

**3.1.2** In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

No.

The Department of Health and Human Services contracts with **21** agencies statewide to provide direct child care services. The agencies provide child care services to eligible families. Services include full-time or part-time center-based child care, full-day, full-year services around Head Start, and family child care networks for children ages 6 weeks to 12 years of age. The contract for the contracted slots includes language that all contracted child care agencies are required to inform parents applying for child care subsidy of the option of applying for a voucher. There are waitlists for vouchers in all parts of the state.

**3.1.3** Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

Yes.

No, and **identify** the localities (political subdivisions) and services that are not offered:

**3.1.4** The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

No.

Annually, the In-home Child Care Provider must sign the Department's health and safety agreement provided by the Department.

The In-home Child Care Provider will be required to sign a release form permitting the Department to obtain annual background checks from Child Protective Services (CPS), from State Bureau of Investigation (SBI), and from Department of Motor Vehicles (DMV). Unsatisfactory results of a CPS, DMV and/or SBI background check or clearance will disqualify a Child Care Provider from eligibility in the voucher program. Unsatisfactory as defined in Section 7.03.5 of the DHHS Child Care Subsidy Manual.

During the initial application process with the In-home Child Care Provider, the Department must inform the In-home Child Care Provider that by federal law, they may be considered an employee of the Parent, be paid minimum wage, and subject to withholding taxes. The In-home Child Care Provider is classified as a domestic service worker under the Fair Labor Standards Act (FLSA) and, as such, may be subject to requirements of the FLSA. The In-home Child Care Provider will sign a Provider Agreement Form indicating that he or she has received this information.

During the initial application process with the Parent, the Department must inform the Parent in writing that as the employer of the In-home Child Care Provider:

- a. they are responsible for compliance with the requirements of the FLSA,
- b. the assessed Parent fee may be insufficient to constitute compliance,
- c. to comply with State and Federal Labor laws they may be responsible for the balance of any payment for in-home care that may exceed the Market Rate.

The Department will require a signed receipt from the Parent that the Parent has received and understands the information outlined in 7.05.5.

Payment for In-Home Care will be at the same rate as the Market Rate for Legal-Unregulated Child Care Providers. Section 7.05 **DHHS Child Care Subsidy Manual**.

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

**3.2.1 Provide** a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: October 1, 2009.

**3.2.2** Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

Yes.

No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.2**.

**3.2.3 Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): March 2008.

b) A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings. Survey and results attached as **Attachment 3.2.3**

**3.2.4** Does the Lead Agency use its **current** Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

Yes.

No.

**3.2.5** At what percentile of the **current** Market Rate Survey is the State payment rate ceiling set?

**Note:** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

**75<sup>th</sup> percentile**

Maine sets the maximum allowable payment at the 75<sup>th</sup> percentile of the 2006 market rate survey. Rates were adjusted to insure that infant and toddler care were paid at a higher rate than preschool care to adjust for the lower staff:child ratio. Rates are collected and set by county to adjust for the wide variations in cost of living and incomes across the state.

Rates are currently set for unregulated providers at 70% of the licensed family child care rates as a cost reduction effort.

**3.2.6 Describe** the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: (§98.43(b))

Rates for licensed child care centers and regulated family child care homes are set at the 75<sup>th</sup> percentile of market charges as demonstrated by the 2006 market rate. Rates for unregulated providers are set at 70% of the regulated family child care homes as a sufficient number of unregulated providers, who were not already receiving a subsidy, could not be identified and surveyed. Rates for unregulated providers were reduced from 90% of the regulated family child care rate to 70%

of the regulated family child care rate in October 2007 and parents who choose unregulated care are able to find a provider at this rate.

**3.2.7** Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

No.

**Maine Child Care Workforce Climate Report and Market Rate Analysis - August 2008** reported that 60% of licensed family child care homes and 60% of licensed child care centers either are currently receiving subsidy payments or are willing to accept a subsidy.

All providers who have received subsidy payments and parents who have a subsidy are surveyed each year to determine satisfaction with the system and given an opportunity to make suggestions for improvements.

**3.2.8** Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe**:

No.

Providers who receive a subsidy payment are required to enroll in the Maine Quality Rating System. The tiered reimbursement system is set at the following increases:

- Step 2 – 2%
- Step 3 – 5%
- Step 4 – 10%

Rates for children served in non-traditional hours will be calculated by applying an adjustment factor of 1.35 to the hours of care provided after 6 pm and before 6 am Monday through Friday and anytime on Saturday and Sunday.

**3.2.9 Describe** how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

Providers who receive subsidy payments sign a Provider Agreement that verifies the payment they are receiving does not exceed the rate they are charging the general public. Parents are also informed the rate providers are receiving for subsidy can not exceed the rate the provider is charging the general public.

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit 18

No.

A child between thirteen (13) years of age and eighteen (18) years of age, inclusive, who is physically or mentally incapable of caring for him or herself or is under court supervision can also be provided a Voucher.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is 18

No.

### 3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

**Table 3.3.2 Income Eligibility**

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	\$2901	\$2466	\$2256.25	78%
2	\$3794	\$3225	\$3035.42	80%
3	\$4686	\$3983	\$3814.58	81%
4	\$5579	\$4742	\$4593.75	82%
5	\$6472	\$5501	\$5372.92	83%

**Note:** Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: \_\_\_\_\_

c) These eligibility limits in column (c) became or will become effective on:  
October 1, 2009

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

No.

Child support received is counted as income and child support paid out is deducted from income.

A full description of income included and excluded is outlined in Sections 5.09, 5.10, 5.11 of the **DHHS Child Care Subsidy Rules – Child Care Development Fund Attachment** \_\_\_\_\_

f) **Describe** whose income is excluded for purposes of eligibility determination.

Family Composition	Family Size	Income Counted
Single Parent with child(ren)	Parent and child(ren)	Include all countable income
Unmarried Parents who have at least one mutual child	Both Parents and all their children in the household	Include all countable income
Unmarried Parents with no mutual children or multiple Family households	Unmarried Parents and their respective child(ren) living in the household are counted as separate Families	Include countable income for the unmarried Parent and his/her child(ren)
Married Parents	Both Parents and all children living in the household	Include all countable income
Parenting Teens (under 20 years of age) attending school and living with other adults	Parenting Teen and his or her child(ren)	Count income of Parenting Teen and child(ren)'s income only
Grandparents with legal guardianship of child(ren) and biological Parents in the household	Child is considered a Family of one	Only child's income is counted
Family member out of the household on a temporary basis and expected to return	Parent in the home, the absent individual and the child(ren)	Include all countable income for all Family members
Foster care parent and child	Child considered a Family of one	Include only child's income
Kinship/relative caretaker and child with child protective plan	Child considered a Family of one	Include only child's income
Adult acting " <i>In- Loco Parentis</i> " and child	Child considered a Family of one	Include only child's income
Legal guardians with child	Child considered a Family	Include only child's income

	of one	
Parent and child with Family member absent due to living in a long-term residential institution or prison	The absent individual is removed from the household. Count remaining household members	Include all countable income except that of the absent individual
Child whose residence changes between custodial Parents	Child and custodial Parent's Family. All other Family rules in this section apply	Include all countable income

Earned income of a student 19 years or younger who is attending an elementary or secondary school and resides with the applicant is not included.

### 3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

*Employed* means gainful work that produces earned incomes from wages, salaries, commissions, fees, tips, piece rate payments, or self-employment in one’s own business, professional enterprise, partnership or farm

Interim child care may be provided for **up to** two (2) months for current recipients who have lost work or who have completed school and are looking for work. Parents, who contact the Department or the Contracted Slots Agency, complete a Job Search Request form and request job search time shall be granted:

- a. One job search per six (6) month period.
- b. Job search time is limited to 20 hours per week.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

*Job Training Program* means vocational training, field training, on-the-job training and other recognized job readiness training programs focused upon

the acquisition of knowledge and skills that prepare the participant for employment.

*Educational Program* means a program at an elementary or secondary educational institution, a program that provides for completion of a secondary diploma or GED, a vocational education program, or post-secondary undergraduate institution.

No.

### 3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

### 3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

No.

**Maine Residency Requirement and Proof of Identity**

Child Care Subsidy applicants must be a resident of the state of Maine. Proof of identity and residency is required, and shall be established by showing a valid photo ID and proof of residency, selected from the following list. If applicants do not have proof of identity, they shall be given ten (10) days to provide it.

**Child Support Requirement**

All biological Parents applying for Child Care Subsidy for children of an absent Parent must submit a copy of child support order and show proof of child support received or pursued from each absent Parent, with the following exceptions: shared/joint custody and good cause. See Sections 5.06.1, 5.06.2 and 5.05.3 of the **DHHS Child Care Subsidy Manual Attachment** \_\_ for details.

**3.4 Priorities for Serving Children and Families**

**3.4.1** At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

**Table 3.4.1 Priorities for Serving Children**

	How does the Lead Agency prioritize the eligibility categories in Column 1?			<b>CHECK ONLY IF APPLICABLE</b>	
	(a)	(b)	(c)	(d)	(e)
Eligibility Categories	Priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

Eligibility Categories	How does the Lead Agency prioritize the eligibility categories in Column 1?			<b>CHECK ONLY IF APPLICABLE</b>	
	(a)	(b)	(c)	(d)	(e)
	Priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Families receiving Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* **Required**

**3.4.2 Describe** how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

Special Needs and Very Low Income children must be given equal priority over all other children. Among these two priority groups, children are selected for services on a first-come, first-served basis by county based on the date of application.

**3.4.3 Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) CCDF funds are used for families at risk of becoming dependent on TANF. TANF funds are used for families receiving Temporary Assistance for Needy Families and those transitioning off of TANF through work.

**3.4.4** Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**

No.

**3.4.5** Does the Lead Agency serve all eligible families that apply?

Yes.

No.

**3.4.6** Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

Yes. If yes, **describe**. At a minimum, the description should indicate:

a) Whether the waiting list is maintained for all eligible families or for certain populations?

b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?

c) What methods are employed to keep the list current?

No.

The Department and Contracted Slots Agencies must each maintain a waiting list if funding is not available at the time of a Parent's application.

When a Parent is put on the waiting list, the Department must inform the Parent of the Contracted Slots Agencies with subsidized Child Care Services available within the client's geographical area. The Contracted Slots Agencies must inform the applicant about the DHHS Child Care Voucher Program.

The Contracted Slots Agencies and the Department waiting lists shall include the identification of all applicants by:

a. Name

b. Social Security Number

c. DHHS "A" number

d. Date of application

e. County of residence

f. Parent and child priority group(s) (Very Low Income, Special Needs)

g. Child's age

h. Amount of care requested (Fulltime, ¾ time, ½ time or ¼ time)

- i. A list of all other related children needing care by age and type of care requested

Waiting lists must be updated by the Contracted Slots Agencies and the Department no less frequently than annually.

Parents must receive written notification that they have thirty (30) days to respond to the request for updated information.

Section 10 **DHHS Child Care Subsidy Manual Attachment**

### **3.5 Sliding Fee Scale for Child Care Services**

**3.5.1** The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (\$98.42).

a) **Attach** the sliding fee scale as **Attachment 3.5.1**.

b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

All eligible parents will be assessed a sliding fee based on family size and gross family income. The parent fee does not vary with the number of children in care, the amount of care they need, or the type of care they choose to use.

A graduated fee percentage of gross family income will be applied to each of the income ranges as follows:

Poverty Guideline Range	Fee Percentage of Gross Family Income
Up to 25%	2%
26% to 50%	4%
51% to 75%	5%
76% to 100%	6%
101% to 125%	8%
126% to 150%	9%
151% to 200%	10%
201% to Maximum Allowed	10%

The total amount of Parent fees assessed to a Family cannot exceed ten percent (10%) of the Family's gross income for all of their children enrolled in the subsidy program.

The fee shall be allocated to the youngest child first or in a manner that will avoid the need to allocate a portion of the fee across multiple children. If the fee exceeds

the approved cost for a child, the remaining amount shall be allocated to the next oldest child until the full Parent share has been allocated.

All assessed parent fees will be paid directly to the child care provider or contracted slots agency by the parent. The child care provider or contracted slots agency must: (a) retain copies of all fee computation forms in parent files (b) issue a receipt upon payment of an assessed fee and retain copies of all receipts in agency files and (c) keep fiscal records on all fee transactions.

c) The attached sliding fee scale was or will be effective as of October 1, 2009

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and **describe** those additional factors:

No.

**3.5.2** Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2**.

**3.5.3** The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: 100% of Federal Poverty Level (very low income)

The Lead Agency must **select ONE** of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

**3.5.4** Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

Yes.

No.

**3.5.5 Describe** how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

A family who is receiving subsidy for all of their children will never pay more than 10% of their gross family income regardless of the number of children.

## PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

### **4.1 Application Process / Parental Choice**

**4.1.1 Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)
- b) How parents can apply for CCDF services
- c) What documentation parents provide as part of their application to determine eligibility
- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4 The State Office of Integrated Access and Support is responsible for determining any exception to individual penalties.
- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies
- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1**.

Information regarding potential child care subsidies is available through the child care resource and referral agencies, the Department's Regional Offices, Head Start Agencies, other community-based service organizations in the state and on the Department of Health and Human Services web site.

Applications are made available for child care services through the DHHS Voucher Management Program and contracted child care agencies. Applicants may apply in person or through the mail. Assistance in completing the application is provided by contracted child care agencies, the child care resource and referral agencies or the DHHS Voucher Management Program.

The contracted child care agencies and the DHHS Voucher Management Program determine eligibility. Eligibility determination is only completed if all supporting documentation is received within 30 days of the completed application. The documentation required includes:

Verification of **earned income** includes one or more of the following:  
Four or more current, consecutive and complete pay stubs

Four or more current, consecutive and complete pay envelopes  
W-2 Form (if representative of current and future earnings)  
State and/or Federal Income Tax return and Schedule C  
Statement of gross earnings for the past four or more weeks, signed and dated by  
the employer on company letterhead  
Employer's wage records

Verification of **unearned income** includes one or more of the following:

Benefit check  
All types of award letters  
Income tax records  
Support and alimony payments evidenced by court order, divorce or separation  
papers, or check copies  
Social Security Query Card Response  
Social Security District Office verification  
Bank statement  
Maine Employment Security Commission verification  
Worker's Compensation verification  
Insurance company verification  
Verification of school schedule  
Verification of enrollment including school schedule

Other verification:

Citizenship of children receiving subsidy  
Maine residency  
Disabled adult – Doctor's or mental health professional verification  
Child Support Receipt or Attempt to Collect – Court order or Support  
enforcement documentation  
Child Support Paid Out – wage stub or bank statement  
Child Protective Referral or Foster Care Referral

If eligible, parents will enter into an agreement with the child care provider as well  
as sign a fee agreement.

Families must notify the agency of any changes in income once receiving a child  
care subsidy. The voucher management agencies and contracted child care centers  
also re-certify a family every six months. A family remains eligible as long as  
income is at or below 250% of the federal poverty level and the parent(s) are  
employed or in training.

**4.1.2** Is the application process different for families receiving TANF?

- Yes, and **describe** how the process is different:  
 No.

Instead of applying to the voucher management agency or to a contracted slots program, as CCDF funded low income parents do, TANF recipients who are participating in the work, training or volunteer part of the TANF program (ASPIRE) receive child care benefits as a part of their plan through the TANF program. TANF recipients discuss their need for child care with their case worker, rather than completing a CCDF Subsidy Application Form. The caseworker approves the child care service. The parent finds a child care provider and the process for paying the provider is set up in the TANF eligibility computer system. TANF places payment for child care on the TANF recipient's Electronic Benefits Transfer Card (EBT). TANF recipients are responsible for paying their child care provider.

**4.1.3** What is the length of eligibility period upon initial authorization of CCDF services?

One year –with a six-month report in which the parent indicates that the information on file is correct. A full-re-determination is done in one year. Efforts are being made to align re-determinations with other services such as food supplement and MaineCare.

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

**4.1.4 Describe** how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

The child care subsidy brochure defines for parents that they may choose from all licensed child care providers as well as legal-unlicensed providers who have passed background checks. Staff at Child Care Resource and Referral sites, the DHHS voucher management program and the contracted slots agencies inform parents that they have a choice of providers when they apply for child care subsidy.

**4.1.5 Describe** how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

The DHHS voucher management program and the Child Care Resource Development Centers utilize “Language Line” which will connect a translator into the call when a non-English speaker calls for information about child care subsidy and/or child care referral.

The “Steps to Choosing Child Care” booklet, the brochure describing subsidies, the application for a subsidy, the parent fee agreement, the provider agreement, and the Family Child Care Licensing Rules have been translated into Arabic, French, Khmer, Somali, Spanish and Vietnamese.

#### **4.2 Records of Parental Complaints**

**Describe** how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

The Department’s Division of Licensing maintains a record of substantiated parental complaints. Any parent seeking child care may request whether a substantiated complaint has been made against a provider.

A description of parent’s rights and responsibilities related to child care is available at the following address <http://www.maine.gov/dhhs/ocfs/ec/occhs/rights.htm> on the Office of Child Care and Head Start web site.

#### **4.3 Unlimited Access to Children in Child Care Settings**

**Provide** a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

DHHS Child Care Subsidy Rules – CCDF require the following:

“As required in the state licensing rules for family child care homes and child care centers, all providers are required to allow parents unlimited access to children. In addition, parents must be able to reach all child care facilities by telephone when children are present.”

“The subsidy agreement will be immediately terminated when a parent is denied access to his/her child when the child is in the care of the child care provider, unless access has been limited by a court order.”

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Office of Integrated Access and Support of the Maine Department of Health and Human Services.

- "appropriate child care":  
Appropriate child care is child care furnished by a child care provider who has passed background checks as required by State law and regulation
  
- "reasonable distance":  
Reasonable distance is defined as not exceeding by ½ hour the normal commute time from the participant's dwelling to work or an approved activity.
  
- "unsuitability of informal child care":  
Unsuitable child care is defined as a potential child care provider that has a substantiated complaint(s) involving abuse or neglect, or a background check with the State Bureau of Investigation and/or the Department of Motor Vehicles that indicates convictions that would justify the denial of the application to receive child care payments.
  
- "affordable child care arrangements":  
Affordable child care is defined by the child care market rate that is determined every 2 years by the Early Childhood Division of the Maine Department of Health and Human Services.

**PART 5**  
**ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND**  
**AVAILABILITY OF CHILD CARE**

**5.1 Quality Targeted Funds and Set-Asides**

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

**5.1.1 Infants and Toddlers:**

**Note:** For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted funds
  
- b) **Identify** the entities providing the activities
  
- c) **Describe** the expected results of the activities.

**Infants and toddlers:** Maximum age of toddlers served by earmarks – 36 months

1. Infant Toddler Summer Institutes and Grants – College course development

For the past eight summers an intensive summer institute has been available to caregivers of infants and toddlers. Caregivers in both family child care and center-based child care participated in the college course offered by the University of Maine at Farmington for three credits. The caregivers also received equipment grants of \$1,000 to enhance quality for infants and toddlers in their care. Providers who are planning to increase the number of infants and toddlers in their care are given priority for the Institute.

To date, 250 providers have completed the institute for credit and received grants. This incentive has resulted in additional slots for infants and toddlers.

The Summer Institute will be offered in Summer 2009. An advanced level course is also planned. The Institutes will increase the knowledge of providers about infant and toddler care and will serve as an incentive to increase the number of spaces available for infant and toddler care in Maine.

2. Maine Roads to Quality Infant and Toddler Curriculum – Provider training

As part of Maine Roads to Quality 180 hour Core Knowledge Training, a 30-hour curriculum on infant and toddler care has been developed and offered. This entry-level training is tailored to meet the needs of Maine caregivers in family child care and child care centers.

Each year the training is offered throughout the state by the eight Resource Development Centers. Evaluation of the training has indicated increased knowledge of infant and toddler care and application of information in practice.

### 3. Infant Mental Health Curriculum

The Maine Infant Mental Health Association has developed an 18 hour infant mental health course. CCDF funds are used to support this course being offered around the state through the 8 regional Resource Development Centers. This course is part of the Infant and Toddler Credential 1 and increases caregivers' awareness of the importance of positive interactions with infants.

### 4. Technical Assistance to Infant and Toddler Child Care Providers

Infant and Toddler Set-Aside funds support the work of the Infant and Toddler Specialist who provides technical assistance to Infant and Toddler Child Care programs and Early Head Start programs in Maine. This full-time position has provided support for Early Head Start programs, made follow-up visits to Infant/Toddler Summer Institute participants to help identify needs for advanced training and provided technical assistance on-site to newly established programs providing Infant/Toddler care.

5. Infant and Toddler Learning Guidelines have been developed and printed. A course on Implementing Infant and Toddler Learning Guidelines is being offered around the state. Booklets for parents to track their child's development using the Infant and Toddler Learning Guidelines have been developed and printed. A guide on the assessment of development of infants and toddlers has been developed and is being used to train providers to observe infants and toddlers and to plan activities to support their development.

6. Two levels of Infant and Toddler Care Credentials have been created with the third level under development. These credentials recognize child care professionals for reaching new levels of professional development.

### **5.1.2 Resource and Referral Services:**

- a) **Describe** the activities provided with these targeted funds
  
- b) **Identify** the entities providing the activities
  
- c) **Describe** the expected results of the activities.

**Resource and referral services:**

The Department provides funding to the eight Child Care Resource Development Centers around the state to provide child care referrals, consumer education and to build the capacity of the child care system in Maine.

All of the agencies are using the NACCRRAware software to make referrals and to track activities of the Resource Development Center.

The intended outcome is to help parents find affordable and accessible child care and to increase the availability of child care in Maine.

To fulfill the requirements of performance based contracting, the Department surveys parents who have received referral services to determine satisfaction with service and usefulness of the referrals, and to learn if parents increased their knowledge about the criteria of quality child care and the availability of child care subsidies. The Department also surveys providers to determine if the Resource Development Centers are meeting their training and technical assistance needs.

**5.1.3 School-Age Child Care:**

- a) **Describe** the activities provided with these targeted funds
  
- b) **Identify** the entities providing the activities
  
- c) **Describe** the expected results of the activities.

**School-age child care:**

An AfterSchool Network has been established through a cooperative agreement with the University of Maine at Farmington. The Network is the catalyst for expanding and improving the quality of after-school programs in Maine. The Network provides consultation on evaluation; seeks to acquire start-up funding through grant writing; and promotes the expansion and continuation of after-school programs statewide. A youth development credential is being developed with three levels of professional development for youth development professionals.

The Network serves as a vehicle for bringing together policymakers, educators, child care providers, youth development workers, program developers, advocates, parents and others interested in improving outcomes for children through after-school programs that provide both school-age care to support working families and educational after-school programs that improve academic achievement. The Network provides a means for joint planning, sharing of resources and best practices, building

bridges to and between federal, state, and local after school initiatives, and forging partnerships necessary for comprehensive statewide after-school policies.

The Network receives grant funding to expand its work through the Mott Foundation and other sources. The Network worked with the Department of Education to apply for funding from the Chief State School Officers to support the development of “Out-of-school-time” programs.

A series of publications on Afterschool programming was developed and is being distributed.

A Maine Legislative bill identified the Network as the organization to develop a report on standards across afterschool programs. The cover letter submitting the report to the Legislature was signed by Commissioner Gendron, Department of Education and Commissioner Harvey, Department of Health and Human Services. Recommendations from the report on health and safety standards were implemented in the development of the revised child care subsidy rules.

**5.1.4** The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$5,044,137 ( 20 %)

**5.1.5 Check** each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

**Table 5.1.5 Activities to Improve the Availability and Quality of Child Care**

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	Child Care Resource Development Centers	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	Accreditation Support University	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	Division of Licensing and Regulatory Services	<input type="checkbox"/>

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	Child Care Resource Development Centers University	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	DHHS contracts with contracted slots agencies	<input type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	Child Care Resource Development Centers University	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	Child Care Resource Development Centers University Maine Humanities Council	<input type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	DHHS and DOE University	<input checked="" type="checkbox"/>
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Behavioral Health Consultant Training Health Consultant Training University	<input checked="" type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Maine implemented a Quality Rating System with four levels of quality. As part of the implementation of the Quality Rating System, a statewide Technical Assistance Network has been initiated. Child care providers have access to professionals who can work with them using a collaborative consultation model to improve the quality of child care. The accreditation facilitation project will continue to assist providers as they move through the accreditation process.

**5.1.6** For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

Comprehensive consumer education

Comprehensive consumer education is provided through Maine's child care resource development centers (RDCs). The eight RDCs provide written material and consultation to parents through referral staff. The RDCs also provide referral services to both private and subsidized clients. In addition, the Department's Regional Offices provide information to parents seeking child care.

The Department of Health and Human Services and the Maine Child Care Resource Development Centers (MRDC) worked together to develop a packet on consistent information on child care for parents who request referrals or information.

The packet includes:

- Fact Sheets on the following topics:
  - The Cost of Child Care
  - Double Child Care Tax Credit
  - Look for Quality Care for Infants
  - What Is Quality Child Care?
- Revised Steps to Choosing Child Care booklet
- Information on health and safety from the Maine Department of Health and Human Services including information on MaineCare health insurance program

A survey to measure parents' evaluations of the consumer education provided by the Resource Development Centers and the resulting increase in a parent's ability to select quality child care is distributed and collated by the Department.

Grants or loans to providers to assist in meeting State and local standards

The Department pays for lead testing to determine if programs are meeting state standards regarding lead levels in paint.

Grants are available to help programs meet accreditation requirements if the program is a member of an accreditation cohort organized by the Accreditation Facilitation Project through the University of Southern Maine. An evaluation of the project measures its effectiveness in helping programs reach accreditation.

Monitoring and Compliance with licensing and regulatory requirements.

CCDF funds will be used to maintain and increase monitoring of compliance with licensing requirements. Expected results of monitoring will be a decrease in the number of licensed facilities that are out-of-compliance with licensing rules

Professional development, including training, education and technical assistance.

CCDF quality funds are used to fund the state's child care and early education career development center, Maine Roads to Quality (MRTQ). MRTQ is responsible for the development/ revision of a 180-hour core knowledge training program, maintaining registries for providers and approved trainers, administering a scholarship program, and administering an accreditation facilitation project.

In addition, CCDF funds are allocated to the child care Resource Development Centers to deliver the approved MRTQ training.

The expected results of increased training will be an improvement in the quality of child care programs. Two studies: *The Cost and Quality of Full-Day, Full-Year Preschool Programs in Maine* and *the Cost and Quality of Family Child Care in Maine*, both found a positive correlation between the quality of care and the training level of providers.

Maine Roads to Quality tracks all the training provided through the Resource Development Centers. The provider Registry also tracks each provider's training record. Information from the Registry is being merged into the application when a program applies to become part of the Quality Rating System. The number of teachers who have reached the Quality Rating System's required levels on the Registry will be part of the determination of the program's QRS level. A system is being developed to measure changes over time as the Quality Rating System is implemented.

The Quality Rating System has a computerized application which collects information on providers and the areas where additional support is needed to move to the next Step level. This information is forwarded to education specialists who provide technical assistance. If the provider elects to use the technical assistance available, the provider will have an opportunity to evaluate the value of the technical assistance provided through an on-line or paper survey. The movement of the providers up through the Step levels will be tracked as will the amount of technical assistance and other supports the provider has received.

#### Improving Salaries and Compensation

The Department provides program improvement funds to the contracted child care agencies to provide quality improvements, as the agency deems necessary. In addition, the Department provides a 10% differential reimbursement to quality child care providers who are on a Step 4 on the Quality Rating System. If a contracted child care agency receives this 10% differential, 75% of those funds must be used to increase salaries.

The turnover rate of child care providers has been linked to compensation. Contracted child care providers are required to report their staff turnover rate to the Department. The Market Rate and Workforce Study, which is completed every two years, also measures trends in child care staff turnover rates in Maine.

Activities to support a Quality Rating System

Maine launched a 4 step Quality Rating System of March of 2008. This system is based on administrative data and was designed to utilize existing quality structures, such as the Maine Roads to Quality Registry. The Quality Rating System includes separate tracks for center based, school age, family child care and Head Start. Maine's Technical Assistance Network has received training on the QRS and the work of the RDC's has been altered to provide assistance and support to providers to apply for QRS and improve their rating. New subsidy rules that go into effect on 10/1/2009 will require participation in QRS in order to accept CCDF subsidy payments. Providers receive a subsidy "bump" based on their QRS Step (2% at Step 2, 5% at Step 3, and 10% at Step 4).

The QRS evaluation project conducted through the University of Southern Maine includes the completion of ECERS, ITERS, FCCERS and SACCERS assessments based on random selection as well as a telephone survey instrument. Observations and telephone survey are currently underway.

Maine was also selected for a federal data capacity grant which focuses on the QRS. The data capacity grant will fund additional environmental score ratings and include a qualitative study on quality supports in infant and toddler settings.

Activities in support of early language, literacy, pre-reading, and early math concepts and development

The Maine Early Language and Literacy Initiative (MELLI) created a course on language and literacy. The Resource Development Centers Education Specialists were trained to deliver the course.

A course (*Sharing Books with Babies*) on pre-literacy for providers working with infants and toddlers has been developed. Train-the-trainer courses have prepared trainers to offer the course around the state. The model required trainers to submit evaluation feedback to organizers for training evaluation.

Maine Humanities Council developed a 6 hour *Many Eyes, Many Voices: Talking About Difference through Children's Literature* training program along with a *Peaceable Stories* curriculum. The latter is currently in process of an evaluation that looks at impact of participation. This has been offered around the state through the Resource Development Centers.

Activities that promote inclusive child care

The Department of Health and Human Services has a cooperative agreement with the Center for Community Inclusion at the University of Maine to provide technical assistance and flexible funding to providers caring for children with special needs. Four specialists are available by phone, email or to visit child care programs to assess the needs and provide information. Funds are available on a limited basis to pay for additional staff or equipment to enable a child with special needs to remain in child care. This project is coordinated with both special education at the

Department of Education and children's behavioral health services at the Department of Health and Human Services.

Data is collected on the number of children who are asked to leave child care because of behavioral issues. Data is also collected on the number and types of technical assistance provided, the types and locations of providers, the number of repeat calls from the same providers, and type of special need. The expected outcome of the program is to improve the skills of providers to meet the needs of all the children in their care.

A collaborative project with Children's Behavioral Health has trained clinicians on consulting in a early care and education setting. Clinicians then provide consultation to both the child care provider and the parents of a child with behavioral issues. The outcome of this project is a zero expulsion rate for children who have been the focus of this support.

Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children.

Staff from the Early Childhood Division has participated in Healthy Child Care New England Calls to collectively strategize around shared issues of concern. Medication Administration training has been identified as an area of concern and potential shared training opportunities are being identified.

CCDF ARRA funding will be used to support a Health Consultation Specialist position to focus on health issues in child care. This position has been identified as a critical need and planning will begin immediately to sustain the position beyond ARRA funding.

Maine's Core Knowledge Training Program includes *Fostering the Social-Emotional Development and Competence of Young Children*, a 30 hour course that is offered throughout the state in the RDC system.

#### Other Quality Activities

The AfterSchool Network works in communities to support the development of high quality, inclusive after school programs to support school age children and their families. The AfterSchool Network also serves as a clearinghouse of information related to school age care.

Maine also supports regular meetings of the "Technical Assistance Network." Quarterly meetings are held to bring together all of the parties who are provider technical assistance to the early childhood community, whether they are funded through CCDF projects or not. The TA Network has now expanded to include Maine Roads to Quality (accreditation), Child Care Plus ME (inclusion), Resource Development Centers (general quality), Infant Toddler Specialist, the Head Start Quality Initiative (Grantee Program Support), the Head Start State Training and TA

Office, and Pre-K Collaboration Coaches. The meetings provide a mechanism for communication and help to limit confusion and duplication of services.

## **5.2 Early Learning Guidelines and Professional Development Plans**

**5.2.1 Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.

**NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.**

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_. If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_. If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available**.
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1**.
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- Other. Describe:**

**a) Describe** the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

Maine Early Childhood Learning Guidelines are embedded in the Maine Quality Rating System. An 18 hour training on the implementation of the Guidelines has been developed. The training has been offered 88 times.

**b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?**

- Yes. If yes, identify standards:**

No.

The Head Start Child Outcomes are included in the Maine Early Childhood Learning Guidelines. The indicators in the Early Childhood Learning Guidelines are “cross-walked” to the K-12 Maine Learning Results to delineate how Early Learning supports learning in K-12.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:**

No.

Early childhood teachers are encouraged to use the Guidelines combined with classroom observations as the basis of intentional curriculum planning.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

**5.2.2 Domains of Voluntary Early Learning Guidelines.** Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe.**

No.

The domains of the Early Childhood Learning Guidelines include the following areas:

Approaches to Learning

Initiative and Curiosity

Persistence and Reflection

Personal and Social Development

Self Control  
Self Concept  
Social Competence  
Creative Arts  
Early Language and Literacy  
Communicating and Listening  
Book Knowledge and Appreciation  
Comprehension  
Sounds in Spoken Language  
Print Concepts  
Alphabet Knowledge  
Early Writing  
Health and Physical Education  
Healthy Habits  
Gross and Fine Motor Skills  
Mathematics  
Numbers and Number Sense  
Shape and Size  
Mathematical Decision-Making  
Patterns  
Science  
Scientific Knowledge  
Scientific Process  
Social Studies  
Families and Communities

### 5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

**Check all that apply:**

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

**Check all that apply:**

- Publicly funded (or subsidized) child care
- Head Start

- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

Legislation is pending that will require Public Pre-K to use the Early Childhood Learning Guidelines.

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Professionals knowledgeable about inclusion and cultural competence were part of the development team as the Early Childhood Learning Guidelines were developed. Indicators were written with an awareness of the need to address these variations. The training on the use of the Guidelines also includes skills to implement the Guidelines with all children.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

The training on the use of the Guidelines includes guidance on implementation in family child care settings as well as center-based care and pre-K classrooms. A guide on assessment of the Early Childhood Learning Guidelines in the family child care setting has been developed and is used in implementation training.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

**5.2.4 Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:

a) Validating the content of the early learning guidelines

The Pilot Project that measured the effectiveness of the training on the use of the Early Childhood Learning Guidelines also gathered data on the appropriateness of the indicators. Revisions in the guidelines were made after collecting this input from providers who were applying the Guidelines in their classrooms.

b) Assessing the effectiveness and/or implementation of the guidelines

c) Assessing the progress of children using measures aligned with the guidelines

An Assessment Tool for Family Child Care - Early Learning Assessment – was developed. This tool was designed to help family child care providers take a careful look at the children in their care and to document the learning, skills, and abilities of each child from age 3 through kindergarten entry. The Tool is aligned with the Maine Early Childhood Learning Guidelines.

An Assessment Tool tied to the Infant Toddler Learning Guidelines was developed and is being used as part of the training on the implementation of the Guidelines.

d) Aligning the guidelines with accountability initiatives

The Guidelines are aligned with the standards for the Quality Rating System: Step 4 Family Child Care. Providers must have completed the training on implementing curriculum based on Maine's Early Childhood Learning Guidelines, if serving children ages 3-5.

Evidence is collected 4 times per year on children's development. For programs serving infants and toddlers, the observations are linked to *Supporting Maine's Infants and Toddlers – Guidelines for Learning and Development*. For programs serving children 3-5 years the observations are linked to Maine's Early Childhood Learning Guidelines which are used as a guide for planning.

Step 4 Center Based Programs

Each classroom with 3-5 year olds has a lead teacher who has completed the training on implementing curriculum based on Maine's Early Childhood Learning Guidelines.

The program's curriculum and authentic assessment of children are linked to Maine's Early Childhood Learning Guidelines for children ages 3-5 and to *Supporting Maine's Infants and Toddlers – Guidelines for Learning and Development* for children 6 weeks to 3 years.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

**5.2.5 Plans for Professional Development. Indicate** which of the following best describes the current status of the Lead Agency's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?  
 Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.  
 No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:** Maine has had a professional development system in place since 2000. This system includes training, a trainer registry, a provider registry, an accreditation facilitation project and scholarship funds. The 180 hours of core knowledge training is articulated to the Community Colleges for 9 credits with the submission of an acceptable portfolio. The training is developed by Maine Roads to Quality and delivered by the Child Care Resource Development Centers statewide

**a) Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

The Expanding Opportunities Planning Group is developing a plan for coordination of training across child care, Head Start, early intervention, and pre-k programs. A web-based training calendar will be developed.

This will give all professionals access to training being offered in each area.

b) If developed, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.) Infant and Toddler	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.  
Specific Goals or Desired Outcomes

Early care and education providers will have access to a coordinated, affordable professional development system that will offer multiple pathways for participation.

Increased utilization of the Provider Registry will support increased tracking of professional development system utilization.

A Link to Early Learning Guidelines

Maine Roads to Quality has revised the Early Childhood Learning Guidelines training curriculum along with the Infant Toddler Guidelines training curriculum. Increased numbers of training opportunities for both sets of guidelines have been offered throughout the RDC system as a direct result of their inclusion in the QRS. Regular connections with the higher education community have led to the inclusion of Early Learning Guidelines in higher education course curriculum in both the University and Community College systems.

Continuum of training and education to form a career path.

The career lattice system allows providers to enter and progress in the professional development system through a variety of pathways. CCDF funding directly supports entry level core knowledge training and supports higher education through scholarships.

Articulation from one type of training to the next

Maine Roads to Quality has articulation agreement in place with all of the community colleges. These agreements are currently under review as MRTQ works to revise the Core Knowledge Training Program.

Quality assurance through approval of trainers

In order to meet the articulation agreements, trainers must reach a “Level 4” which requires a Master’s Degree and related course work. The trainer approval process has been identified as an area in need of strengthening and revision.

Quality assurance through approval of training content

There is a process in place through MRTQ that require careful scrutiny of course material and submission to DHHS before it is considered “approved training.”

A system to track practitioner’s training

Practitioner training is tracked through the MRTQ Registry. Any trainings completed through the RDC system are automatically submitted to a practitioner’s record.

Assessment or evaluation of training effectiveness

Some of the Core Knowledge Trainings have evaluation measures built in. This is an area that requires further attention and strategic planning.

State Credentials

Maine has developed an Infant/Toddler 1 credential and has submitted the credential to the Office of Head Start for approval as an alternative to the Infant Toddler CDA. This credential can be earned without any college course work.

Course work will begin in January of 2010 for the Infant Toddler Credential 2. This credential requires a minimum of an Associate’s Degree and the completion of 13 credits of infant toddler coursework.

A post bachelor’s Infant Toddler Credential 3 is planned, but will likely be in development for 3-5 years as the University system works to collaborate on a Master’s program.

Youth Development, Preschool, and Director’s credentials are all included in the work plan.

Specialized strategies to reach family, friend and neighbor caregivers

The *Care for ME* program is available for FFN caregivers to be included for referrals through the RDC system. *Children in My Care* is a newsletter that is distributed to all FFN providers receiving subsidy. A brochure explaining and advertising the CACFP food program for FFN providers was developed and distributed this year.

A strategic plan for addressing the needs of family, friends, and neighbor caregivers was developed during the past year in collaboration with Zero to Three and will be distributed in the upcoming months. This plan will be incorporated to all activities in the upcoming year.

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

e) Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ( <b>describe</b> ): Family, Friend and Neighbor Caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

The University of Southern Maine developed a Masters' degree level credential in early literacy.

The Early Reading First grantees offer statewide conferences on early literacy.

g) Are program or provider-level incentives offered to encourage provider training and education?

- Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Scholarship funds are available to pay for coursework for the Credential in Early Literacy.

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.

Two research projects are being implemented to measure the effectiveness of training and technical assistance.

No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.

Providers are surveyed on the effectiveness and availability of the Training offered through the Resource Development Centers

No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

A research project to measure the effectiveness of training programs is being implemented.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

Yes. **Describe** how assessment informs the professional development plan.  
Participant and trainer feedback is analyzed annually and informs the revision of Core Knowledge Curriculum through Maine Roads to Quality. Provider feedback obtained through an annual RDC survey is included in systems planning and must be incorporated into each RDC's local training plan.

The QRS requires participation in the MRTQ registry. Membership in the Registry has significantly increased during the past year and data obtained about the professional development levels already in the work force will support future planning efforts. The evaluation studies related to the QRS will offer valuable information about the impact of quality supports and will be instrumental in the development of future initiatives.

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

---

- No. **Describe** any plans to include assessment to inform the professional development plan.

---

---

## PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

### **6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §98.41, §98.16(j))

**6.1.1** Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

Recreational programs and after school programs administered by the School Department

**6.1.2** Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

Yes, and the changes are as follows:

No.

**6.1.3** For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

*Recreational Program* means an inclusive, non-residential program for children between six (6) and twelve (12) years of age, inclusive, operated by a community-based program that meets staff-to-child ratio requirements performs criminal history, motor vehicle, and child abuse/neglect background checks as required of Department regulated Child Care Facilities and meets the requirements listed in the Maine Afterschool Network Health and Safety Checklist.

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

**6.2 Health and Safety Requirements for Group Home Child Care Providers**

(658E(c)(2)(F), §§98.41, 98.16(j))

**NOT APPLICABLE** Maine does not have a classification called group home.

**6.2.1** Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

**6.2.2** Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

**6.2.3** For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

**6.3 Health and Safety Requirements for Family Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**6.3.1** Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check "Yes" if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

Family providers who care for two or fewer children at one time.

**6.3.2** Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

**6.3.3** For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

A Legal, Unregulated Child Care Provider will assure in writing that the children receiving Child Care Subsidy are age-appropriately immunized and meet the latest recommendation for childhood immunizations in Maine. A ninety (90) day grace period shall be granted while Parents are taking the necessary actions to comply with the immunization requirement.

b) Building and physical premises safety

A Legal, Unregulated Child Care Provider who cares for children in the Child Care Providers home and if the home's water, used for drinking and cooking purposes, is from any source other than an approved public water supply, the Child Care Provider shall submit a satisfactory water analysis report completed by the Department of Health and Human Services, Division of Health Engineering, or by another approved laboratory. Water shall be tested for, at least, the following: coliform bacteria, nitrate and nitrite nitrogen, fluoride, chloride, hardness, copper, iron, pH, manganese, uranium, and arsenic. If a satisfactory supply cannot be provided, an agreement with the Child Care Provider cannot be issued.

The Child Care Provider and all adults residing in the home will be required to sign release forms permitting the Department to obtain annual background checks from Child Protective Services (CPS), State Bureau of Investigation (SBI), and Department of Motor Vehicles (DMV).

Child Care Voucher payments will not be initiated until satisfactory background checks are completed on all adults residing in the household.

c) Health and safety training

d) Other requirements for family child care services provided under the CCDF  
Legal, unlicensed providers must sign a statement that indicates they have met a number of health and safety requirements.

**6.4 Health and Safety Requirements for In-Home Child Care Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**Note:** Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

**6.4.1** Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3. Legal, licensed-exempt providers are exempt from licensing under State law.

**6.4.2** Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

**6.4.3** For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

Annually, the In-home Child Care Provider must sign the Department's health and safety agreement provided by the Department.

The In-home Child Care Provider will be required to sign a release form permitting the Department to obtain an annual background checks from Child Protective Services (CPS), from State Bureau of Investigation (SBI), and from Department of Motor Vehicles (DMV). Unsatisfactory results of a CPS, DMV and/or SBI background check or clearance will disqualify a Child Care Provider from eligibility in the voucher program. Unsatisfactory as defined in Section 7.03.5 DHHS Child Care Subsidy Rules – CCDF: If any adult family member living in the child care provider's home does not pass the background check requirements, the child care provider will be disqualified from eligibility to receive reimbursement for child care services.

c) Health and safety training

d) Other requirements for child care services provided under the CCDF

Legal, unlicensed providers must sign a statement that indicates they have met a number of health and safety requirements.

## **6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

**Indicate** the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

## **6.6 Enforcement of Health and Safety Requirements**

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))

**Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

All licensed providers have a visit at (1) re-licensure, (2) one more visit during the two year period between re-licensure, and (3) any necessary follow-up visits.

- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

The Child Care Provider will be required to sign a release form permitting the Department to obtain an **annual** background checks from Child

Protective Services (CPS), from State Bureau of Investigation (SBI), and from Department of Motor Vehicles (DMV). Unsatisfactory results of a CPS, DMV and/or SBI background check or clearance will disqualify a Child Care Provider from eligibility in the voucher program.

Unsatisfactory as defined in Section 7.03.5 DHHS Child Care Subsidy Rules - CCDF

No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

The facility shall document all accidents, injuries, or emergencies in the child's record on the day of the occurrence and make such reports available to the parent or legal guardian.

All providers and staff are mandated reporters of child abuse. If injury does not merit investigation for abuse or neglect, the child care providers must maintain a record of the incident and notify appropriate families.

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

## **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

---

## **PART 7**

### **HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

#### **7.1 Health and Safety Requirements for Center-Based Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

**7.1.1** For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

**7.2.1** For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.3 Health and Safety Requirements for Family Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

**7.3.1** For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

**7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

**7.4.1** For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training

d) Other requirements for child care services provided under the CCDF

### **7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

### **7.6 Enforcement of Territorial Health and Safety Requirements**

**7.6.1** Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §98.40(a)(2), 98.41(d))  
**Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

### **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

## **APPENDIX 1**

### **CCDF PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

PLAN FOR CCDF SERVICES IN: MAINE  
FOR THE PERIOD 10/1/09 – 9/30/11

---

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

*in loco parentis* – means any blood relative with custody (whether or not court ordered) or any person with court-ordered custody

*physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - means a condition that affects the ability of children to care for themselves. Children who have a Physical or Mental Incapacity are physically or mentally incapable of caring for themselves. Physical or mental incapacity must be diagnosed by a qualified professional or be court-ordered.

*protective services* –means specialized casework services to neglected, abused, or exploited children and their families. For the purposes of subsidy services, protective services include Open Child Protective Cases and children in Care and Custody.

*residing with* - means the child is living with the applicant who is maintaining a home or main domicile for the child

*special needs child* – means a child under the age of 12 with a specific diagnosis/disability which without intervention may impede or impair the attainment of developmental milestones.

This includes:

- a. A child who experiences significant developmental delays or who has a diagnosed physical or mental condition which has a high probability of resulting in a significant developmental delay. Significant delay is a 25% delay in one or more areas of development or a six (6) month delay in two (2) or more areas. Areas of development include: cognitive, speech/language, physical/motor, vision, hearing, psycho-social, and self-help skills. Developmental delay is determined and documented by early intervention programs, special education programs, or other multi-disciplinary teams. Documentation must be provided with the application for Child Care Subsidy.
- b. A child considered being at-risk for health or developmental problems as a result of established biological risk factors, and/or as a result of identified environmental risk factors including homelessness, and who is referred by a third party such as public health agencies, physicians, schools, government agencies, community social service agencies, homeless shelter, early intervention specialists, and/or Federally Recognized Tribes; and

*very low income* – means Gross Family Income, adjusted to family size, does not exceed 100% of the Federal Poverty Guidelines.

- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:

- *Homeless Children* means children who fall under any of the following conditions:

- a. who lack a fixed, regular, and adequate nighttime residence
- b. who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement
- c. who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- d. who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- e. who are migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965).

*Post-Child Protective Clients* means clients authorized by the Department of Health and Human Services Caseworker or a Caseworker from a Federally Recognized Tribe, to continue services for a maximum of one (1) three-month period following closure of an Open Child Protective Case.

### **APPENDIX 3: ADDITIONAL CERTIFICATIONS**

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**  
<http://www.hhs.gov/forms/HHS690.pdf>
- 2. Certification regarding debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**  
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**  
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**  
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**  
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

## REQUIRED ATTACHMENTS

List all attachments included with this Plan.

- 2.1.2 Emergency Preparedness Plan  
Y.I.K.E.S – Your Inventory for Keeping Everyone Safe  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)  
Continuity of Operations Plan for Pandemic Influenza
- 2.1.3 State Plan for Early Childhood Program Coordination  
Invest in ME  
[http://www.maine.gov/cabinet/MAINEPLAN12D\\_000.pdf](http://www.maine.gov/cabinet/MAINEPLAN12D_000.pdf)
- 2.2 Summary of public comment process
- 2.2a Announcement of Public Hearing
- 3.1.1 DHHS Child Care Subsidy Rules Child Care Development Fund  
Current Rules to be in effect 10/4/2009 at  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)  
Procedure Manual for Voucher Management (Draft)
- 3.21. Action Transmittals - Market Rate – Payment Rates  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)
- 3.2.3 Market Rate Survey Instrument and Summary of Results  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)
- 3.5.1. Action Transmittal – Sliding Fee Scale FY 2010  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)
- 4.1.1 Application Blank  
<http://www.maine.gov/dhhs/occhs/step.htm>
- 5.2.1 *Early Childhood Learning Guidelines – Ages 3-up to kindergarten*  
*Supporting Maine’s Infants and Toddlers Guidelines for Learning and Development*  
[www.maine.gov/dhhs/occhs/publications](http://www.maine.gov/dhhs/occhs/publications)
- 5.2.3 Curriculum for the Implementation of the Early Childhood Learning Guidelines  
Family Child Care Assessment – MRTQ  
<http://muskie.usm.maine.edu/maineroads/pdfs/fccassessment.pdf>  
Infant Toddler Assessment tool:  
<http://muskie.usm.maine.edu/maineroads/pdfs/infanttoddlerassessment2.pdf>
- 5.2.4 Report of the Early Childhood Learning Results Pilot Evaluation Results;
- 5.2.5 Maine’s Early Childhood and School Age Child Care Technical Assistance Network  
Maine Roads to Quality  
<http://muskie.usm.maine.edu/maineroads>

Appendix 1 - CCDF Program Assurances and Certifications

Appendix 2 - Eligibility and Priority Terminology